11/17/2010 14:05

Division of Health Care Facilities

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HEALTH CARE FACILITY

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If continuation sheet 1 of 2

STREET ADDRESS, CITY, STATE, ZIP CODE 133 MIDDLE TRANSSESSE BLVD (A) ID (A) ID (A) ID (B) SUMMARY STATEMACE NURSING HOME (B) SUMMARY STATEMACE NURSING HOME (B) SUMMARY STATEMACE NURSING HOME (B) SUMMARY STATEMACY OF DEPOSITIONING INFORMATION IN 37130 SUMMARY STATEMACY OF DEPOSITIONING INFORMATION IN 37130 (C) SUMMARY STATEMACY OF DEPOSITIONING INFORMATION IN 37130 (B) SUMMARY STATEMACY OF DEPOSITIONING INFORMATION IN 37130 (C) SUMMARY STATEMACY ACTION SHOULD BE CARRY AND IN 37130 (C) SUMMARY STATEMACY OF DEPOSITIONING INFORMATION IN 37130 (C) SUMMARY STATEMACY ACTION SHOULD BE CARRY AND IN 37130 (C) SUMMARY STATEMACY OF DEPOSITIONING IN STATEMACY AND IN STATEMACY ACTION SHOULD BE CARRY AND IN STATEMACY AND IN S	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA Viber;	(X2) MUI A. BUILD B. WING		(X3) DATE COMP	SURVEY LETED
BOULEVARD TERRACE NURSING HOME 1530 MIDDLE TENNESSEE BLYD MURFREEBORD, TN 37130 SUMMARY STATEMENT OF DEPICIENCIES EACH DEPICIENCY MUST BE PRECEDED BY FULL FREE PLANT OF CORRECTION EACH OPERICAN WIST BE PRECEDED BY FULL FREE PLANT OF CORRECTION SHOULD BE CROSS-REFERED BLYD MURFREEBORD, TN 37130 N 705 N 705 1200-8-606(4)(cc) Basic Services (4) Nursing Services. (cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances: 1. The deceased was a resident of a nursing home; 2. The deceased was a resident of a nursing physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing norm medical director must be present with the deceased at the place of death; 3. The nurse is licensed by the state; and, 4. The nurse is licensed by the state; and, 4. The nurse is employed by the hursing home in which the deceased resided. This Rule is not met as evidenced by: Based on medical record review and interview the facility falled to have a Registered Nurse pronounce the death of one resident (#18) of two resident deaths reviewed. The findings included: Resident #18 was admitted to the facility on August 11, 2010, with diagnoses including Pneumonia, Artial Fibrillation, and Alzhelmer's Dementia. Medical record review of a Nurse's Note dated August 31, 2010, revealed a note by Licensed Practical Nurse (LPN) #3". "93.0 and, Res	NAME OF PROVIDER OR SUPPLIER				11/10/2010		
PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) N 705 1200-8-8-06(4)(cc) Basic Services (4) Nursing Services. (cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances: 1. The deceased was a resident of a nursing home: 2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death; 3. The nurse is licensed by the state; and, 4. The nurse is licensed by the state; and, This Rule is not met as evidenced by: Based on medical record review and interview the facility falled to have a Registered Nurse pronounce the death of one resident (#18) of two resident deaths reviewed. The findings included: Resident #18 was admitted to the facility on August 11, 2010, with diagnoses including Pracumonia, Arrial Fibrillation, and Alzhelmer's Dementia. Medical record review of a Nurse's Note detod August 31, 2010, revealed a note by Licensed Practical Nurse (LPN) #3"9.30 a.m., Res	BOULEVARD TERRACE NURS	SING HOME	1530 MID	DLE TENN	ESSEE BLVD		
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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING

B. WING_ TN7502 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

1530 MIDDLE TENNESSEE BLVD

		DDLE TENNESSEE BLVD ESBORO, TN 37130				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE		
N 705	Continued From page 1	N 705				
N 705	Continued From page 1 observed without resp. (respirations) BP (blood pressure) or heartbeat11am funeral home here& body released to funeral home" Medical record review of a physician's order dated August 31, 2010, revealed the facility could release the body to the funeral home, and the order was signed by LPN #3. Interview on November 10, 2010, at 10:28 a.m., in the conference room with the Director of Nursing confirmed the facility failed to have a Registered Nurse to pronounce the resident's death as required.					
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